



~~_____
(Assistant Examiner) (Date)~~

~~*K. Estal*
(Legal Instruments Examiner) (Date)~~

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
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	10			40			70			130			160			190
	11			41			71			131			161			191
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	14			44			74			134			164			194
	15			45			75			135			165			195
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